

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

In Re:

John Vollmer, and  
Doris Vollmer

*Debtor(s)*

Case No: 18-55620

Chapter 13

Judge John E. Hoffman, Jr.

**DEBTORS' THIRD AMENDED MOTION TO MODIFY  
PLAN POST-CONFIRMATION**

The Debtors, by their attorney, hereby move to modify their Chapter 13 plan. In support of this amended motion they aver:

1. The debtors' Chapter 13 plan was confirmed on May 15, 2019.
2. The confirmed Chapter 13 plan, calls for debtors to pay \$3,790.00 per month, beginning October 2020. The general unsecured dividend is 5.76%.
3. Due to Covid-19, debtor husband's employer did not offer him any hours to work from mid March 2020 through January 2021. He has recently resumed his work schedule. Because of this lengthy reduction in income, debtors have fallen behind on household utilities, household maintenance, personal medical care and their Chapter 13 plan payment. Pursuant to the recently enacted CARES Act, H.R. 748, debtors would like to extend their Chapter 13 Plan length to 84 months and reduce the Chapter 13 Plan payment to \$2,580.00 per month for the October 2020. The payment shall increase to \$2,680.00 per month for the months of November and December 2020. Then, beginning January 2021, the plan payment shall increase to \$2,850 for the remainder of the plan. The general unsecured dividend shall be reduced to 0%.

4. The modification proposed by the debtors will not modify the rights of any secured claim holders. The modification will modify the rights of the holders of unsecured claims in that the general unsecured dividend will be reduced from 5.76% to 0%.

5. The modified plan is estimated to complete in 84 months.

6. A proposed modified plan is attached hereto and a copy of the same, together with a copy of this motion, has been sent to the Chapter 13 Trustee, U.S. Trustee, and to the holders of claims.

**WHEREFORE**, the Debtors pray that they be permitted to amend the plan to conform to the attached amended plan pursuant to 11 U.S.C. Sec. 1329.

DATE: 1/4/2021

/s/ Jennifer G. CaJacob  
Jennifer G. CaJacob (0072689)  
Attorney for Debtors  
470 Olde Worthington Rd., Ste. 200  
Columbus, Ohio 43082  
(614) 410-6640 Telephone  
(614) 364-4800 Facsimile  
[jennifer@cajacoblawgroup.com](mailto:jennifer@cajacoblawgroup.com)

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
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In Re:

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**AMENDMENT TO CONFIRMED CHAPTER 13 PLAN**

**Now come the debtors herein, to amend the plan to state:**

Debtors' plan payment shall be \$2,580.00 in October 2020. The payment shall increase to \$2,680 per month for the months of November and December 2020. Beginning January 2021, the payment shall increase to \$2,850 for the remainder of the plan. The modified plan shall complete in no more than 84 months.

The general unsecured dividend shall be reduced from 5.76% to 0%.

**Dated:** 1/4/2021

/s/ Jennifer G. CaJacob  
Attorney for Debtors

**Debtor Verification**

We declare under penalty of perjury that we have read the attached amendments and that they are true and correct to the best of our knowledge, information or belief.

Date: 1/4/2021

/s/ John Vollmer  
John Vollmer

/s/ Doris Vollmer  
Doris Vollmer

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

In Re:  
John Vollmer, and  
Doris Vollmer

*Debtor(s)*

Case No: 18-55620

Chapter 13

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**NOTICE AND CERTIFICATE OF SERVICE**

The undersigned certifies that a copy of the attached Third Amended Motion to Modify Plan Post-Confirmation was served electronically or by ordinary US mail this date on the parties whose names and full addresses are listed below and for NOTICE that the attached Third Amended Motion to Modify Plan Post-Confirmation has been filed. The undersigned will present to the Court a proposed order granting the Third Amended Motion to Modify Plan Post-Confirmation sought unless within twenty-one (21) days after this date a written memorandum in opposition, along with a request or a hearing on such opposition, is filed with the Clerk of Court, 170 N. High Street, Columbus, Ohio and served on the undersigned.

DATE: 1/4/2021

/s/ Jennifer G. CaJacob  
Jennifer G. CaJacob (0072689)  
470 Olde Worthington Rd., Ste. 200  
Columbus, Ohio 43082  
Attorney for Debtors  
(614) 410-6640 Telephone  
(614) 364-4800 Facsimile  
[jennifer@cajacoblawgroup.com](mailto:jennifer@cajacoblawgroup.com)

**SERVED ELECTRONICALLY:**

Faye D. English

Chapter 13 Trustee

U.S. Trustee

**SERVED VIA REGULAR U.S. MAIL**

See attached creditor mailing matrix

Fill in this information to identify your case:

Debtor 1 John Vollmer

Debtor 2 Doris Vollmer  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 18-55620  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Clerk

Lowe's Garden Center

4141 Morse Crossing  
Columbus, OH 43219

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

How long employed there? 5.5 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 1,238.55	\$ 0.00
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 1,238.55	\$ 0.00

Debtor 1 **John Vollmer**  
Debtor 2 **Doris Vollmer**

Case number (if known) **18-55620**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ <b>1,238.55</b>	\$ <b>0.00</b>	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>136.88</b>	\$ <b>0.00</b>	
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>	
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>	
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>	
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>	
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>	
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>	
5h. Other deductions. Specify:	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>136.88</b>	\$ <b>0.00</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>1,101.67</b>	\$ <b>0.00</b>	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>	
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>	
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>	
8e. Social Security	8e. \$ <b>1,698.63</b>	\$ <b>1,614.80</b>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>	
8g. Pension or retirement income	8g. \$ <b>1,422.27</b>	\$ <b>0.00</b>	
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>3,120.90</b>	\$ <b>1,614.80</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>4,222.57</b>	+ \$ <b>1,614.80</b> = \$ <b>5,837.37</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. +\$ <b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ <b>5,837.37</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain:			



Fill in this information to identify your case:

Debtor 1 John Vollmer

Debtor 2 Doris Vollmer  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 18-55620  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 170.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **John Vollmer**  
Debtor 2 **Doris Vollmer**

Case number (if known) **18-55620**

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>375.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>135.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>320.70</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>450.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>50.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>90.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>375.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>300.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>45.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>360.67</u>
15c. Vehicle insurance	15c. \$ <u>316.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ <u>2,987.37</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,987.37</u>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>5,837.37</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,987.37</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>2,850.00</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

Label Matrix for local noticing  
0648-2  
Case 2:18-bk-55620  
Southern District of Ohio  
Columbus  
Mon Jan 4 15:14:45 EST 2021

American Honda Finance Corporation  
PO Box 997518  
Sacramento, CA 95899-7518

Bank of America, N.A.  
P O Box 982284  
El Paso, TX 79998-2284

Citicards  
PO Box 6500  
Sioux Falls, SD 57117-6500

Columbus Appraisal Company, LLC  
520 S State St, Ste 186  
Westerville, OH 43081-2970

Huntington National Bank  
41 S. High St.  
Columbus, OH 43215-3406

Kohls Department Store  
PO Box 3115  
Milwaukee, WI 53201-3115

(p)DSNB MACY S  
CITIBANK  
1000 TECHNOLOGY DRIVE MS 777  
O FALLON MO 63368-2222

PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

Synchrony Bank/Care Credit  
PO Box 965036  
Orlando, FL 32896-5036

Synchrony Bank  
c/o PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

Asst US Trustee (Col)  
Office of the US Trustee  
170 North High Street  
Suite 200  
Columbus, OH 43215-2417

Bethany J. Hamilton  
Assistant United States Attorney  
303 Marconi Boulevard, Suite 200  
Columbus, OH 43215-2840

City of Columbus  
Income Tax Division  
50 West Gay St., 4th Floor  
Columbus, OH 43215-9037

Comenity Bank/Petland  
PO Box 182120  
Columbus, OH 43218-2120

I C Systems Collections  
PO Box 64378  
Saint Paul, MN 55164-0378

LVNV Funding, LLC its successors and assigns  
assignee of Citibank, N.A.  
Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29603-0587

Midland Funding DE LLC  
8875 Aero Drive, Suite 200  
San Diego, CA 92123-2255

(p)PORTFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

Synchrony Bank/JCPenney  
PO Box 965064  
Orlando, FL 32896-5064

Wilmington Savings Fund Society, FSB  
AMIP Management  
3020 Old Ranch Parkway, Suite 180  
Seal Beach, CA 90740-2799

(p)BANK OF AMERICA  
PO BOX 982238  
EL PASO TX 79998-2238

Capital One  
PO Box 30285  
Salt Lake City, UT 84130-0285

City of Columbus Division of Income Tax  
77 N front St 2nd Floor  
Columbus OH 43215-1895

Department Stores National Bank  
c/o Quantum3 Group LLC  
PO Box 657  
Kirkland, WA 98083-0657

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

LVNV Funding, LLC its successors and assigns  
assignee of MHC Receivables, LLC and  
FNBM, LLC  
Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29603-0587

Midland Funding LLC  
PO Box 2011  
Warren, MI 48090-2011

Sears/CBNA  
PO Box 6497  
Sioux Falls, SD 57117-6497

The Huntington National Bank  
PO Box 89424  
Cleveland, OH 44101-6424

U.S. Bank Trust National Association as  
Trustee of the Igloo Series IV Trust  
c/o SN Servicing Corporation  
323 Fifth Street  
Eureka, CA 95501-0305

US Attorney General  
Main Justice Building Room 5111  
10th & Constitution Ave. NW  
Washington, DC 20530-0001

US Bank NA  
c/o SN Servicing Corporation  
323 5th Street  
Eureka, CA 95501-0305

Verizon  
by American InfoSource as agent  
PO Box 248838  
Oklahoma City OK 731248838

Wells Fargo Bank, N.A.  
1000 Blue Genitian Road  
Eagan, MN 55121-7700

Wells Fargo Home Mortgage  
7255 Baymeadows Wa  
PO Box 10335  
Des Moines, IA 50306-0335

Wilmington Savings Fund Society, FSB  
C/O AMIP Management  
3020 Old Ranch Parkway, Suite 180  
Seal Beach, CA 90740-2799

Doris Vollmer  
6011 Sharon Woods Blvd.  
Columbus, OH 43229-2646

Faye D. English  
Chapter 13 Trustee  
10 West Broad Street  
Suite 1600  
Columbus, OH 43215-3416

Jami S Oliver  
Oliver Law Offices, Inc.  
655 Metro Pl. S.  
Suite 600  
Dublin, OH 43017-3394

Jennifer G CaJacob  
470 Olde Worthington Rd.  
Suite 200  
Westerville, OH 43082-9127

John Vollmer  
6011 Sharon Woods Blvd.  
Columbus, OH 43229-2646

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified  
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Bank of America  
PO Box 982235  
El Paso, TX 79998

Macy's  
Bankruptcy Processing  
PO Box 8053  
Mason, OH 45040

Portfolio Recovery Associates  
120 Corporate Blvd.  
Suite 100  
Norfolk, VA 23502

(d)Portfolio Recovery Associates, LLC  
PO Box 41067  
Norfolk, VA 23541

(d)Portfolio Recovery Associates, LLC  
POB 41067  
Norfolk VA 23541

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Ohio Department of Taxation

(u)US Bank Trust, NA

(u)Wells Fargo Bank, N.A.

End of Label Matrix  
Mailable recipients 41  
Bypassed recipients 3  
Total 44